Permission for Administration of Over-the-Counter Medication For Urbandale High School and Urbandale Middle School Students

Student(Please Print)					Birthdate			Grade			
		(Please Pr	rint)								
medi	cation, in		cturer's rec	commend	ed dose	, when th				prescription appropriate.	
Ibuprofen (Advil/Motrin)						Acetaminophen (Tylenol)					
Pleas	se mark c	ne or both t	ypes of me	edication.							
	gnature tect and co	pelow indica mplete.	ites that the	e informat	ion for (Over-the-	Counte	r Medica	tion is fa	ctually	
Parent/Guardian (signature)						Date					
*		* *						a.			
*	*	* *	*	*	*	*	*	*	*	*	
		Re	ecord of	OTC Me	edicati	on Adn	ninistı	ation			
	Date	Time	Med	lication		Dosag	ge	Reas	on	Initials	
1)											
2)											
3)											
4)											
5)											
6)											
Nurse	e/medica	tion adminis	strator:								
Signature						Tit	tle	I	nitials		
Signature						Tie	tlo		nitiala		